

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/576087</b>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
①	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		1					55						
6		1					56						
7		1					57						
8		1					58						
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39							89						
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43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1	↓	0	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	7	←	0	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	8		0		0		TOTAL CLAIMS	0		0		0	